



NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

Service Coordination Readiness Meeting

Bureau of Developmental Services

3.22.23

Agenda

1. Training Schedule
2. Readiness Process Map
3. Cost of Care
4. Budget Template Face Sheet Overview
5. Submitted Questions
6. Question and Answer

Readiness Training Schedule

BDS is committed to providing support to service coordinators in preparation for 7/1.

BDS Provider Readiness Meetings

- **BDS Monthly Connection with Service Coordination and Intake Departments**
 - Every 2nd and 4th Wednesday of the month from 2-3:30pm.
- **BDS Bi-Weekly Provider Readiness Open Office Hours**
 - Every other Tuesday starting March 28th from 11-12pm.
- **BDS Monthly Provider Meeting**
 - Every 4th Wednesday of the month from 10-11:30am

Email Jessica Kennedy at jessica.l.kennedy@dhhs.nh.gov if you want to be added to the distribution list.

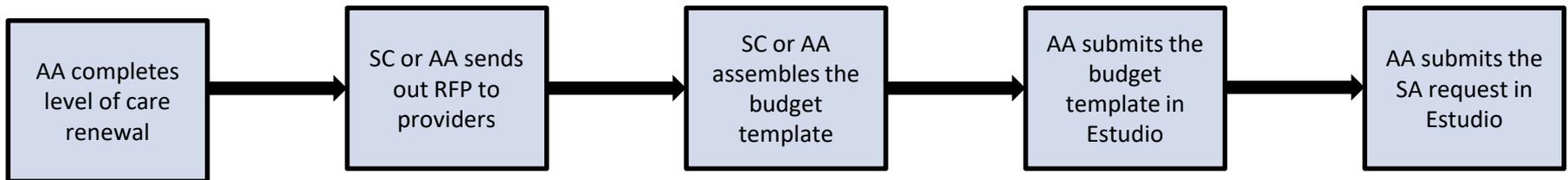
Service Authorization Process Map



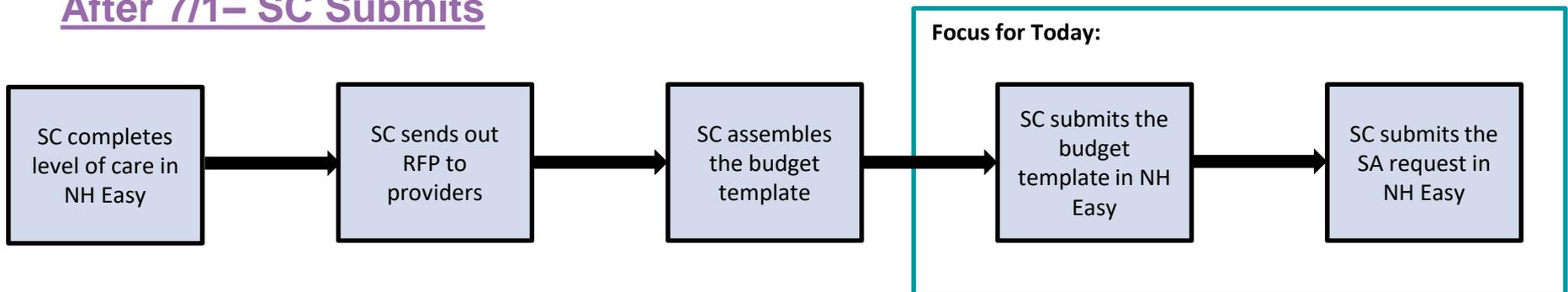
Readiness Process Map

Moving forward, service coordinators will be responsible for making sure that completed budget templates and service authorization requests are submitted to BDS.

Right Now– AA Submits



After 7/1– SC Submits



Budget Template Overview



Budget Template Face Sheet Overview

Once a Service Coordinator has met with the individual and others chosen by the individual to identify goals and select services and service providers that support in obtaining those goals, the Service Coordinator will:

- Reach out to selected providers to confirm service capacity
- Collect service budget information from the provider for the service(s) they will offer to the individual
- Review service budget to ensure it aligns with the scope, frequency and duration as documented in the ISA
- Transfer the relevant information (units, rates) information for all services into a consolidated Budget Template Face Sheet
- Collect a provider acknowledgement from each provider listed on the Budget Template Face Sheet

Budget Template Face Sheet Overview

The Budget Template Face Sheet workbook includes detailed instructions, the budget worksheet, service descriptions and service rates.

- Please complete all fields highlighted **GREEN** prior to completion
- Fields highlighted **BLUE** will auto calculate and cannot be edited

Moving from the Budget to the Service Authorization

Starting 7/1, service coordinators will be entering service authorizations into NH Easy.

The supporting documents required for a service authorization include:

- Completed individual service agreement
- BDS Budget Face Sheet
- Provider Acknowledgement

The service coordinator will use NH Easy to submit service authorization requests for the services included in the ISA and the budget template.

Service Management Screen

< BACK TO SERVICE MGMT DASHBOARD < BACK TO SERVICE MGMT SEARCH

Individual Information

LAST NAME:	FIRST NAME:	DOB:	SSN:	MID:	INDV ID:
Doe	Jane	05/08/1997	XXXX-XX-0544	61074741457	882391

Intake Information

AA ELIG.DATE:	WAIVER:	INTAKE STATUS:	HCBS BEGIN DATE:	HCBS REVIEW DATE:	MEDICAID REDE DATE:
08/12/2020	DD	Intake Complete	02/16/2021	05/07/2023	00/00/0000

SERVICES & SUPPORTS

Service Management Status: Open
Area Agency:
CMA:
CMA Status: Completed
Start Date: 09/20/2022
Case Manager:
Case Management Type: Targeted
Need CM services now? Yes

[CORRESPONDENCE](#)
[CMA HISTORY](#)
[UPLOAD DOCUMENT](#)
[SAVE](#)

INDIVIDUALIZED SERVICE AGREEMENT

SERVICE AUTHORIZATIONS

Displaying 1 - 3 of 3 Service Auth(s) View: 10 Sort by: Service (A-Z) [ADD NEW](#)

MMIS SA #	SERVICE - SA #	START DATE	END DATE	PROVIDER	TOTAL COST	STATUS	ACTIONS
<input type="checkbox"/> 1234567890	Case Management - 298472	05/08/2022	04/30/2023	\$3,282.72	Approved	
<input checked="" type="checkbox"/>	Day Habilitation Level 3 - 134190	05/08/2022	04/30/2023	<input type="text"/>	\$45,000.45	Draft	

1 2 NEXT [SUBMIT TO BDS](#)

Service coordinators will be able to use NH Easy to submit service authorization requests.

Service authorization requests will need to be entered for each service an individual needs. Some services will be “rate based.” Some services will be “individually priced.”

Rate Based Service (Draft Status)

Service coordinators must select the relevant service and enter in additional information. For rate-based services, frequency, units, and duration must be entered.

This information should align with the budget template.

Service Details

Service Information

* SERVICE: Residential Level 4 (T1020 UA U4) * START DATE: 05/08/2022 * END DATE: 04/30/2023

EQUIPMENT TYPE:

Service Category: Residential UNIT TYPE: Day RATE: \$

* FREQUENCY: 1 * UNIT PER: Day * Days Per Week: 7 * Weeks Per Year: 52

PROVIDER: PROVIDER #:

Approval Information

* STATUS: Draft AUTH #: MMIS #:

SUBMITTED DATE: MM/DD/YYYY APPROVAL DATE: MM/DD/YYYY

COMMENTS:

Planned		Paid	
TOTAL:	UNITS:	AMOUNT PAID:	UNITS PAID:
\$ 76,898.64	365	\$ 0	0
Remaining			
AMOUNT:	UNITS:		
\$ 76,898.64	365		

CANCEL **SAVE** **SUBMIT TO BDS**

Individually Priced Service (Draft)

For individually priced services, frequency, units, and duration must be entered. The service coordinator must ALSO enter a rate.

This information should align with the budget template.

Service Details

Service Information

* SERVICE: Supported Employment Level 3 (H2023 UA U3) * START DATE: 05/08/2022 * END DATE: 04/30/2023

EQUIPMENT TYPE:

Service Category: Supported Employment UNIT TYPE: Each RATE: \$

* FREQUENCY: 16 * UNIT PER: Day * Days Per Week: 5 * Weeks Per Year: 48

PROVIDER: PROVIDER #:

Approval Information

* STATUS: Draft AUTH #: MMIS #:

SUBMITTED DATE: MM/DD/YYYY APPROVAL DATE: MM/DD/YYYY

COMMENTS:

Planned	Paid
TOTAL:	AMOUNT PAID:
\$ 76,898.64 UNITS: 3840	\$ 0 UNITS PAID: 0
Remaining	
AMOUNT:	UNITS:
\$ 0 UNITS: 0	

Service (Approved Status)

Once a service authorization is approved, you can revisit the record to review information like the approval date and the amount paid out since approval.

This is important information to check to make sure that an individual is receiving the services they requested.

Service Details

Service Information

* **SERVICE:** Case Management (T2022 UA U1)

* **START DATE:** 05/08/2022

* **END DATE:** 04/30/2023

EQUIPMENT TYPE:

Service Category: Case Management

UNIT TYPE: Month

RATE: \$

* **FREQUENCY:** 1

* **UNIT PER:** Month

PROVIDER:

PROVIDER #:

Approval Information

* **STATUS:** Approved

AUTH #: 298472

MMIS #:

SUBMITTED DATE: 05/10/2022

APPROVAL DATE: 06/05/2022

COMMENTS:

Planned		Paid	
TOTAL:	UNITS:	AMOUNT PAID:	UNITS PAID:
\$ 3,28.72	12	\$ 1367.80	5
Remaining			
AMOUNT:	UNITS:		
\$ 1,914.92	7		

Budget Template & Prior Authorization Submission

Once all relevant information has been collected from the providers that will render services, the Service Coordinators will:

- Upload the Budget Template Face Sheet
- Upload ISA PDF into NH Easy
- Submit the Prior Service Authorization request on a temporary basis (estimated 7/1/23 - 12/1/23)

Cost of Care Policy



Cost of Care Contributions

Cost of Care contributions are the amount some participants are required to contribute to the cost of their total service care as established under He-M517.03(a)(5).

- Currently, Area Agencies, as the only current Medicaid-enrolled billing provider, collect the cost of care liability for all services. Further, under current MMIS operations, whichever Medicaid service for a participant is billed first is obligated the full Cost of Care amount.
- DHHS has reviewed both the Cost of Care operational process as well as re-evaluated who under the Developmental Disability and Acquired Brain Disorder Waivers will be required to contribute to the cost of care.

Cost of Care Policy

The Cost of Care policy outlines which waiver participants will be required to contribute to the cost of care as well as how cost of care will be obligated to the rendering service provider post July 1, 2023, as direct billing goes into effect.

- BDS has made a change to the Cost of Care to only apply only to individuals residing in 24/7 Staffed or Enhanced Family Care settings.
- This change should:
 1. Reduce the number of individuals paying cost of care
 2. Reduce the burden of all providers collecting cost of care
 3. Reduce challenges where cost of care was being assigned to the first billed claim
- The Cost of Care Policy can be found at <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bdsmemococ.pdf>

Cost of Care Policy Contribution Groups

Effective July 1, 2023, a monthly cost of care contribution calculation will only be completed for individuals accessing DD Waiver Residential Habilitation services. No other DD Waiver service participants will have a cost of care contribution calculated.

- Individuals who reside in an independent living setting, including their family's home, will have the maximum Standard of Need (SON) allowance applied, which is 300% of the SSI Federal Benefit Rate (FBR), or \$2,742 as of 1/1/2023.
- There will be no change to the SON allowance for individuals who reside in a 24/7 staffed residence or enhanced family care (EFC) home.
- No additional changes to the frequency or calculation for cost of care contributions are being changed as part of this policy.
- No changes to the ABD SON or cost of care calculation are being made.

Submitted Questions



Submitted Questions

- 1. Will there be an expectation for credentialing or licensure of Service Coordinators?**
- 2. Area Agencies currently collect a fee for the SIS as well as for HRST updates. Will any of this be shared with independent Service Coordinators or providers who actively participate in these?**
- 3. With no contracts in place with Area Agencies, how will provider referral and admission/discharge of individuals to different providers and services work? Will Service Coordinators still facilitate the process of provider identification and referral to services for the families?**
- 4. Providers need to better understand what the Area Agencies/Service Coordinators currently do and what they won't be doing post 7/1/23 and who will be responsible for overseeing it all?**
- 5. Has a decision been made on Provider Selection processing terms of SC? In the past we were told we need to use 211 for helping families with provider selection.**

Question and Answer





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Next Meeting
April 12, 2023
